4	•		•		SF.	<b>EVALAB</b>	FŘ	35	· /	0/	1053	462	
,	PATENT /	APPLICATIO Effec	N FEE O	ETERM	INATI			Ą			166/	iber .	
CLAIMS AS FILED - PART I (Cotumn 1) (Cotumn 2)						mn 2)	SMALL ENTITY TYPE			OR	OTHER THAN		
TOTAL CLAIMS			12				RAT	E	FEE	1	RATE	FEE	
FOR			NUMBER FILED		NUMBER EXTRA		BASIC	FEE	370.00	OR	basic fee	740.00	
rot/	AL CHARGE	BLE CLAIMS	12 mi	nus 20=		6		<del>}-</del>		OR	X\$18=	1	
Œ	PENDENT C	AIMS	2 m	vinus 3 =	. 0		X42	.0	·	OR	X84=	<u></u>	
IULTIPLE DEPENDENT CLAIM PRESENT							•14	) 		OR	. +280=	_	
If the difference in column 1 is less than zero, enter "O" in column 2							TOT	AL		OR	TOTAL	740	
CLAIMS AS AMENDED - PART II (Cotumn 1) (Column 2) (Column 3)									ENTTTY	OR	OTHER	THAN	
		CLAIMS REMAINING APTER AMENDMENT		HIGH NUM PREVIO PAID	BER	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE	·	RATE	ADDI- TIONAL IFEE	
	consi	.13	Minus	-2	Q	·D	X\$ 8	₩		OR	X\$18=	1	
	ndependent	· 2	Minus	440	3	·67	X42	æ		OR	X84=		
	RST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM	لاف	+140				+280=		
	1.					-		TAL		OR OR	TOTAL		
8/	10/05	(Column 1)		(Cotur	mn 21	(Column 3)	ADOIT.	FEE		JOA ,	ADDIT. FEE	Ø.	
		CLAIMS REMAINING AFTER AMENDMENT		PREVIO	EST BER DUSLY	PRESENT EXTRA	RAT	E	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
	Total	.//.	Minus	-2	9	. /	XS	,,		∽ OR	X\$18°	j	
	ndependent	• /	Minus	- "	5	9	X42			OR	X84=		
F	RRST PRESE	NTATION OF M	ULTIPLE DE	PENDENT	CLAIM		+140			OR	+280≘		
'n	1. An	, ,,		9, =	· •			TAL		20	TOTAL ADDIT. FEE		
8	115/04	(Cotumn 1)		(Cotur		(Column 3)			_				
2		CLAIMS REMAINING AFTER		PIGH NUM PREVIO	BER	PRESENT EXTRA	RAT	Ε	ADDI- TIONAL		RATE	ADDI- TIONAL	

AFTER AMENDMENT PREVIOUSLY EXTRA PAID FOR Total Indep adent FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM

"If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
"If the "Highest Number Proviously Paid For" IN THIS SPACE is less than 20, enter "20."

ADDIT. FEE

ADDIT. FEE

TO ADDIT. FEE

ADDIT. FEE

THE "Highest Number Proviously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1. TOTAL ADDIT. FEE

FORM PTD-675 (Rev. 8/01)

Patient and Trademark Office, U.S. DEPARTMENT OF CONNERGE

OR

OR

OR

FEE

X\$18=

X84=

+250=

FEE

X8 9=

X42=

+140=